

LE MOYNE

SPIRIT. INQUIRY. LEADERSHIP. *JESUIT.*

Application for
Graduate Admission

Department of Nursing

Master of Science

Post-Master's Certificates

SCHOOL OF GRADUATE AND PROFESSIONAL STUDIES

A graduate nursing program candidate may take as many as three courses (nine credits) as a nonmatriculated student. A fourth course will not be permitted until admission is awarded. Therefore, a graduate nursing candidate should fulfill all application requirements before registering for a fourth course.

APPLICATION DEADLINES

The Department of Nursing follows a rolling admission policy for graduate applications within the following deadlines:

August 1 – Fall matriculation **December 15** – Spring matriculation **May 1** – Summer matriculation

INTERVIEW SCHEDULE

Upon receipt of a completed application, qualified candidates will be contacted to schedule an interview.

ADMISSION NOTIFICATION

Admission notification will be made by official letter within three weeks of the completed application process.

APPLICATION CHECKLIST

The following application materials must be submitted in one packet to the Office of Graduate Admission:

- _____ **Completed Application**
- _____ **An earned bachelor's degree in nursing or the successful completion of the Le Moyne RN to MS Post-Baccalaureate Certificate for those with an earned bachelor's degree in a field other than nursing.**
- _____ **Nonrefundable Application Fee** — Please make check or money order payable to Le Moyne College. (The application fee is waived for Le Moyne alumni.)
 - \$50 for the Master of Science
 - \$35 for the Post-Master's Certificate
- _____ **Official Transcripts** — Please have an official transcript from all undergraduate and graduate colleges and/or universities attended sent directly to you to include in the application packet or you may have them sent directly to the Office of Graduate Admission at Le Moyne College. (For this application, Le Moyne will provide an official Le Moyne transcript for alumni.)
- _____ **Two Letters of Recommendation** — Please ask two nursing professionals who can attest to your ability to be successful in a graduate program to complete the forms and submit a recommendation. Please ask that these completed forms be placed in a sealed envelope and signed over the sealed back before sending the letters of recommendation to you. Letters of recommendation must be from individuals outside of the faculty and staff of the Department of Nursing at Le Moyne College.
- _____ **Professional Résumé** — One- to two-page list of relevant education and work experience.
- _____ **RN License** — Provide a copy of current New York state RN licensure or evidence of eligibility for licensure in New York state.

In addition to the completed application packet, applicants will also be scheduled for:

- **A personal interview**
- **An on-site writing sample**

COMPLETED APPLICATION PACKET

Please send completed application packet to:

Office of Graduate Admission
Le Moyne College
Grewen Hall 204 **Phone:** (315) 445-5444
1419 Salt Springs Road **Fax:** (315) 445-6092
Syracuse, NY 13214-1301 **Email:** GradNursing@lemoyne.edu

Note: New York state law requires all students to submit immunization records before registering for courses. Please find instructions and the Immunization Record and the Meningococcal Meningitis Vaccination Response forms at www.lemoyne.edu/health_center. If you have questions, please contact Health Services at (315) 445-4440.

PERSONAL DATA

Date _____

Legal Name (Last, First, Middle) _____ Other Name, If Applicable _____

Permanent Address _____

City _____ State _____ ZIP _____ Country _____

Phone Cell Home (_____) _____ E-mail _____

Date of Birth Month _____ Day _____ Year _____ Female Male

Do you consider yourself to be Hispanic/Latino? Yes No

In addition, select one or more of the following racial categories to describe yourself:

- American Indian or Alaska Native Native Hawaiian or Other Pacific Islander
 Asian White
 Black or African American

Citizenship

- U.S. citizen
 Dual U.S. citizen; please specify other country of citizenship _____
 U.S. permanent resident, PRA# _____
 Other citizenship _____

Do you need an I-20 issued by Le Moyne College? Yes No

How did you hear about the graduate nursing programs at Le Moyne College? (Please check all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> Attendance at a specialized graduate forum/fair (city) _____ | <input type="checkbox"/> Alumnus/a (name) _____ |
| <input type="checkbox"/> Program brochure | <input type="checkbox"/> Faculty member at your undergraduate school |
| <input type="checkbox"/> Open house/campus visit | <input type="checkbox"/> Placement/career counseling office at your undergraduate school |
| <input type="checkbox"/> College Guide listing _____ | <input type="checkbox"/> Employer _____ |
| <input type="checkbox"/> Television ad | <input type="checkbox"/> Friend/co-worker |
| <input type="checkbox"/> Radio ad | <input type="checkbox"/> Relative |
| <input type="checkbox"/> Printed ad (what publication) | <input type="checkbox"/> Le Moyne College website |
| <input type="checkbox"/> Admission representative _____ | <input type="checkbox"/> Other _____ |

PROGRAM OF STUDY

Please check the program to which you are applying.

Master of Science

- Nurse Educator
 Nurse Administrator
 Palliative Care
 Gerontology
 Informatics
 Undecided

Post-Master's Certificate

- Nurse Educator
 Nurse Administrator
 Palliative Care
 Gerontology
 Informatics
 Undecided

ACADEMIC PLAN

I am applying for the following semester Fall Spring Summer Year _____

I plan to study Full time (nine or more credits) Part time

Do you currently hold a nursing license? No Yes

State in which you are licensed _____ License # _____

ACADEMIC HISTORY

List below the college(s) you have attended. All college-level work must be included. You must request that each of these institutions send official transcripts to you for inclusion in your application packet. If a school's policy prohibits sending transcripts directly to graduates, please ask the school to send them directly to the Office of Graduate Admission at Le Moyne College.

Institution (State, Country)	Dates Attended	Major Field	Degree Earned	Check if Non-degree	Date Awarded	GPA (4.0 scale)

Have you ever been found responsible for a disciplinary violation at an educational institution you have attended from ninth grade (or international equivalent) forward, whether related to academic misconduct or behavioral misconduct, that resulted in your probation, suspension, removal, dismissal, or expulsion from the institution? No Yes

Have you ever been convicted of a felony or misdemeanor? No Yes

If you answered yes to either or both questions, please attach a separate sheet that gives the approximate date of each incident and explanation of the circumstances.

OTHER

Are you eligible to receive Veteran's benefits? No Yes

CURRENT OR MOST RECENT EMPLOYMENT

Present Employer _____ Position _____

Dates of Employment _____ Are you employed Full time Part time

Employer Address _____

Does your employer provide tuition benefits? No Yes

REFERENCES

Please list the names of two nursing professionals who can attest to your ability to be successful in a graduate program and who you will ask to complete the attached recommendation forms.

1. Name _____ Relationship _____

2. Name _____ Relationship _____

PERSONAL ESSAY

Explain your motivation for pursuing graduate study by addressing one of the following. Please feel free to submit your essay on a separate sheet of paper.

If you are applying for the Master of Science program, how will the functional role track for which you are applying assist you in achieving your professional and personal goals?

If you are applying for the Post-Master's Certificate program, how will the chosen track for which you are applying assist you in achieving your professional and personal goals?

I certify that the information I have provided on this application is correct and complete. I understand that withholding information on this application or giving false information will make me ineligible for admission.

Signature of Applicant _____ Date _____

(Your signature is necessary in order to process the application.)

LE MOYNE COLLEGE **GRADUATE PROGRAMS IN NURSING**

RECOMMENDATION FORM

To the Applicant: This form should be given to two professional colleagues who can speak to your academic abilities and/or your professional abilities as evidence of your qualifications for graduate study. Letters or recommendation must be from individuals outside of the faculty and staff of the Department of Nursing at Le Moyne College.

TO BE COMPLETED BY APPLICANT

Name (Last, First, MI) _____ Date _____

Address _____ City _____ State _____ ZIP _____

Phone Cell Home (_____) _____ Email _____

Please check the program to which you are applying.

Master of Science

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- Nurse Administrator
- Palliative Care
- Gerontology
- Informatics
- Undecided

Post-Master's Certificate

- Nurse Educator
- Nurse Administrator
- Palliative Care
- Gerontology
- Informatics
- Undecided

Please Provide Name of Reference _____

In accordance with the Family Educational Rights Privacy Act of 1974, please check one: I do I do not waive my right to read this recommendation.

Signed _____ Date _____

TO BE COMPLETED BY RECOMMENDER

Name (Last, First, MI) _____ Date _____

Organization _____ Position _____

Address _____ City _____ State _____ ZIP _____

Phone (_____) _____ E-mail Address _____

How long have you known the applicant? _____

How well do you know the applicant? Very Well Well Somewhat

In what capacity have you known the applicant? _____

Personal and Professional Appraisal:

Please check the category that best indicates your evaluation of the applicant in terms of the listed characteristics.

Characteristics	Superior	Above Average	Average	Below Average	No Basis for Evaluation
Academic Potential					
Leadership					
Professional Competence					

Characteristics	Superior	Above Average	Average	Below Average	No Basis for Evaluation
Sense of Responsibility					
Ability to Work with People					
Rapport with Clients					
Ability to Adapt to New Situations					
Ability to Work Independently					
Reliability					
Oral Communication					
Written Communication					
Ability to Analyze Problems and Solve Them Effectively					

Your recommendation based on applicant's ability to pursue graduate study:

Strongly recommend
 Recommend
 Recommend with reservations
 Do not recommend

In the space below or on an attachment, please explain your recommendation by providing a brief assessment of the applicant's ability to successfully complete graduate study.

To the recommender: Please return this recommendation to the person requesting your assistance in a sealed envelope with your signature across the envelope seal.

Signed _____ Date _____

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Leadership					
Professional Competence					

Characteristics	Superior	Above Average	Average	Below Average	No Basis for Evaluation
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Ability to Analyze Problems and Solve Them Effectively					

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Signed _____ Date _____

DEPARTMENT OF NURSING MISSION STATEMENT

The mission of the Department of Nursing, consistent with the mission of Le Moyne College, is to educate nurses at the undergraduate and graduate levels to provide the highest quality nursing services and professional leadership. The nursing curricula, integrating the liberal arts and sciences and the culture of the Catholic and Jesuit tradition at Le Moyne, aims to prepare nurses to serve as practitioners and leaders in health care for the new century. Graduates are prepared to be lifelong learners who are future oriented; responsive to the challenges of a dynamic health care environment; possess well-developed communication, critical thinking, and technical skills; and demonstrate professional, caring and competent behaviors that reflect the standards and values of nursing.

LE MOYNE COLLEGE MISSION STATEMENT

Le Moyne College is a diverse learning community that strives for academic excellence in the Catholic and Jesuit tradition through its comprehensive programs rooted in the liberal arts and sciences. Its emphasis is on education of the whole person and on the search for meaning and value as integral parts of the intellectual life. Le Moyne College seeks to prepare its members for leadership and service in their personal and professional lives to promote a more just society.

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OFFICE OF GRADUATE ADMISSION

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Syracuse, NY 13214-1301
PH: (315) 445-5444
FAX: (315) 445-6092
GradAdmission@lemoyne.edu

GRADUATE PROGRAMS IN NURSING

Le Moyne College
Grewen Hall 206
1419 Salt Springs Road
Syracuse, NY 13214-1301
PH: (315) 445-5435
FAX: (315) 445-6024
GradNursing@lemoyne.edu

Le Moyne College is an affirmative action/equal opportunity employer and equal opportunity institution.

NONDISCRIMINATION STATEMENT Le Moyne College is an Affirmative Action/Equal Opportunity Employer, and does not discriminate on the basis of race, color, gender, creed, age, disability, marital status, sexual orientation, veteran status, or national or ethnic origin. For more information visit www.lemoyne.edu/student_life/compliance.htm.